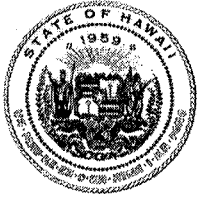


LS 1/6/03



HAWAII STATE ETHICS COMMISSION
 1001 BISHOP STREET, PACIFIC TOWER 970
 P.O. BOX 616, HONOLULU, HAWAII 96809
 TEL: 587-0460 FAX: 587-0470
 email: ethics@hawaiiethics.org

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STATE OF HAWAII
 STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST			
NAME(Last)	(First)	(Middle)	TELEPHONE
Janicki	Norman	Kamau	(808) 845-3238
MAILING ADDRESS (Street)			FAX
1617 Palama Street			(808) 845-8300
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96817	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
MAILING ADDRESS (Street)			FAX
(City)			(State)
(Zip Code)			

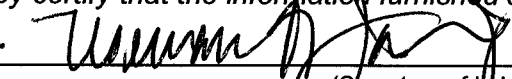
PART II ORGANIZATION			
Hawaii Laborers' Political Action Committee			
MAILING ADDRESS (Street)			FAX
1617 Palama Street			(808) 845-8300
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96817	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Richard Nishie			(808) 845-3238
MAILING ADDRESS (Street)			FAX
1617 Palama Street			(808) 845-8300
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96817	

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

<input type="checkbox"/> Agriculture	<input type="checkbox"/> Education	<input type="checkbox"/> Human Services	<input type="checkbox"/> Science, Technology & Economic Development
<input type="checkbox"/> Communications & Public Utilities	<input type="checkbox"/> Government Operations & Finance	<input type="checkbox"/> Intergovernmental Relations, International Affairs	<input type="checkbox"/> Tourism & Recreation
<input type="checkbox"/> Consumer Protection & Commerce	<input type="checkbox"/> Hawaiian Affairs	<input checked="" type="checkbox"/> Labor & Employment	<input checked="" type="checkbox"/> Transportation
<input type="checkbox"/> Culture, Arts, Historic Preservation	<input type="checkbox"/> Health	<input checked="" type="checkbox"/> Planning, Land & Water Use Management	<input type="checkbox"/> Other: (indicate below)
<input type="checkbox"/> Ecology, Energy Environmental Protection	<input checked="" type="checkbox"/> Housing	<input type="checkbox"/> Public Safety & Corrections	

PART IV CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.

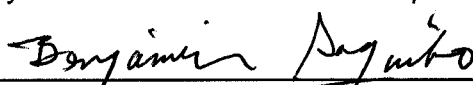


(Signature of Lobbyist)

12/2/2002

(Date)

PART V AUTHORIZATION TO LOBBY

NAME		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
Benjamin Saguibo		Chairman	
NAME OF ORGANIZATION (if applicable)		TELEPHONE	
Hawaii Laborers' Political Action Committee		(808) 841-5877	
MAILING ADDRESS (Street)		FAX	
1617 Palama Street		(808) 845-8300	
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96817	
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.			
		12/2/2002	
(Signature of Authorizing Officer or Person Represented)		(Date)	